DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

National Provider Identifier (NPI) Transition Plan Bulletin
All Providers

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ATTENTION: In order to implement changes required for the National Provider Identifier (NPI) federal mandate, Missouri Medicaid will require the submission of an NPI as the only provider identifier on all paper and electronic claims, for all dates of service, starting Monday, May 21, 2007.

SUBMITTING YOUR NPI TO MISSOURI MEDICAID

Prior to April 1, 2007, all active Missouri Medicaid providers are required to submit their National Provider Identifiers (NPIs) to Missouri Medicaid for use in building a crosswalk from the legacy provider number to the NPI. This crosswalk will be used in processing all health care transactions. **Failure to submit your NPI(s) to Missouri Medicaid will result in denied claims**. At this time, Missouri Medicaid is accepting NPIs from all provider types except for Dentists (Provider Type 40) and Dental Hygienists (Provider Type 74). The Dentists and Dental Hygienists may start submitting their NPIs on March 1, 2007. Submitting your NPI to Missouri Medicaid may be done several ways as described below:

❖ If submitting one NPI for one legacy provider number to build a one-to-one crosswalk, providers should use the **Add/View NPI** function on the Medicaid Billing Web site at

www.emomed.com. To change an NPI which was entered incorrectly, providers must fax a letter providing the correct NPI to the Provider Enrollment Unit at 1-573-526-2054.

❖ If a provider organization desires to **submit a significant number of NPIs in a batch submission format** to build a one-to-one crosswalk, providers must contact the Infocrossing Healthcare Services Help Desk at 1-573-635-3559 for assistance.

❖ If submitting one NPI for multiple active legacy provider numbers, **providers must fax a letter explaining the reason for a one NPI to many provider numbers association, their National Plan & Provider Enumeration System (NPPES) approval letter (which includes their NPI and provider taxonomy codes), and a list of the associated Missouri Medicaid provider numbers with the applicable provider taxonomy code for each provider number to the Provider Enrollment Unit at 1-573-526-2054.** This information is required to build a one-to-many crosswalk. Missouri Medicaid will use the NPI **and** the designated provider taxonomy code to perform the crosswalk to the legacy provider number. **Providers will be required to report the appropriate designated provider taxonomy code on all future claim submissions to ensure the correct crosswalk is performed**. If a provider taxonomy code other than the ones reported to Missouri Medicaid is utilized, claims cannot be crosswalked to the correct legacy provider number and claims will deny or pay incorrectly. For a list of valid provider taxonomy codes, visit http://www.wpc-edi.com/codes/taxonomy.

It will be Missouri Medicaid's responsibility to ensure that all submitted HIPAA standard transactions contain an NPI – not a legacy provider number and ensure that the NPIs it receives are valid once use of the NPI is mandated. Valid NPIs, however, like the providers identifiers used today, must be "known" to Missouri Medicaid. Payment will not be made for services rendered by unidentifiable providers.

MISSOURI MEDICAID BILLING WEB SITE

Starting May 21, 2007, Missouri Medicaid will require the use of an NPI to identify all providers in all transactions and functions **for all dates of service** on the Medicaid Billing Web site at www.emomed.com. There will not be a 'dual use' transition period. The legacy provider numbers displayed in a user's drop down box will be automatically converted to the applicable NPIs based on the reported crosswalks. If a provider has not submitted their NPIs to Missouri Medicaid by this date, no identifiers (legacy provider numbers or NPIs) will be displayed and the provider will be unable to submit any transactions.

PAPER CLAIM FORMS

While the NPI is only required by the NPI Final Rule to be used in the standard transactions, **Missouri Medicaid will also require all health care providers submitting paper claims to use an NPI to identify themselves as well**. This requirement is allowed under the NPI Final Rule. The current versions of the paper claim forms used by Missouri Medicaid do not allow for use of the NPI. The new 1500 Insurance Health Care Claim and the UB-04 CMS-1450 forms have been revised to accommodate use of the NPI and will be implemented for use by Missouri Medicaid prior to May 21, 2007. Please reference future provider bulletins for more information on Missouri Medicaid's transition plans for implementing these new claim forms.

Missouri Medicaid recently implemented use of the American Dental Association (ADA), Dental Claim Form 2002, 2004 version. This form does not have a separate field for reporting the NPI. Providers will be instructed on plans for transitioning from the legacy provider number to the NPI in a future provider bulletin.

Missouri Medicaid will reject paper claims received after May 20, 2007, that do not identify each provider, physician or supplier listed on the paper claim with an NPI.

NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS (NCPDP) CLAIMS

Retail pharmacies are required to use the NCPDP format adopted as a HIPAA standard for submission of prescription drug claims to Missouri Medicaid. Since that format permits entry of only one provider identifier each for a pharmacy and the physician who prescribed the medication, retail pharmacies must continue to use the Missouri Medicaid legacy provider number through May 20, 2007. Missouri Medicaid will not have a 'dual use' transition period. Beginning May 21, 2007, and after, pharmacies will be required to bill with their NPIs **for all dates of service**. NCPDP claims received by Missouri Medicaid after May 20, 2007, which lack an NPI, will be rejected.

REQUIRED USE OF PROVIDER TAXONOMY CODES

Once a provider transitions to submitting only an NPI on their claims, they must **report the appropriate provider taxonomy code. This requirement applies to all claims.** Providers will be instructed where to report the provider taxonomy code on all claim types (both electronic and paper) in a future provider bulletin. For a list of valid provider taxonomy codes, visit http://www.wpc-edi.com/codes/taxonomy.

REPORTING NPI ON REMITTANCE ADVICES

Effective May 21, 2007, Missouri Medicaid will start reporting the NPI instead of the legacy provider number on all Remittance Advices (includes paper and all electronic versions). Providers who are ready to receive the NPI on their Remittance Advice prior to that date should contact the Infocrossing Healthcare Services Help Desk at 1-573-635-3559 to request the change. To date, no providers have requested this change.

INDIVIDUAL HEALTH CARE PROVIDERS

Per the NPI Final Rule, each entity who meets the definition of a health care provider is eligible for a NPI. Individual health care providers such as dentists, physicians, and therapists, may receive and in most cases, use only one NPI. Per the health care provider definition, the following individual Missouri Medicaid provider types are eligible to obtain at least one NPI. This NPI must be reported to Missouri Medicaid for use in building a crosswalk to the legacy provider number.

➢ Advanced Practice Nurse (Provider Type 42)
➢ Audiologist (Provider Type 33)
➢ Certified Registered Nurse Anesthetist (Provider Type 91)

- ➢ Dental Hygienist (Provider Type 74)
- ➢ Dentist (Provider Type 40)
- ➢ Disease Management (Provider Type 35)
- ➢ Hearing Aid Specialist (Provider Type 34)
- ➢ Nurse Midwife (Provider Type 25)
- ➢ Occupational Therapist (Provider Type 47)
- ➢ Optometrist (Provider Type 31)
- ➢ Physical Therapist (Provider Type 48)
- ➢ Physician (Provider Type 20 and 24)
- ➢ Podiatrist (Provider Type 30)
- ➢ Psychology - Psychologist, Licensed Professional Counselor, Clinical Social Worker (Provider Type 49)
- ➢ QMB Only Services (Provider Type 75)
- ➢ Speech Therapist (Provider Type 46) [unless only certified through the Department of Elementary & Secondary Education (DESE) for School Districts]

ORGANIZATION HEALTH CARE PROVIDERS

Per the NPI Final Rule, many health care providers that are organizations (such as hospitals, durable medical equipment suppliers, clinics, and others) are made up of components or separate physical locations. Many of these components or separate physical locations are separately certified or licensed by states. The NPI Final Rule refers to the components and separate physical locations described above as "subparts" of organization health care providers. HIPAA intended that consideration of the multiple components and separate physical locations be taken into account when the organization health care providers apply for separate NPIs for their subparts.

The NPI Final Rule **requires** covered health care providers to obtain NPIs for subparts of their organizations that would otherwise meet the tests of being a covered health care provider themselves if they were separate legal entities, and permitting health care providers to obtain NPIs for subparts that do not meet these tests but otherwise qualify for assignment of an NPI. The organization health care provider, of which the subpart is part, is responsible for ensuring that the subpart complies with the implementation specifications and for determining if its subpart or subparts must be assigned NPIs. The organization health care provider is also responsible for applying for NPIs for its subparts or for instructing its subparts to apply for NPIs themselves. The level of assignment of NPIs must be adequate to enumerate entities that meet the definition of health care provider.

It is, therefore, possible that a designated health care component may in essence be assigned multiple NPIs if the health care component is made up of multiple health care providers or subparts. For example, a hospital (Provider Type 01) may have subparts which include an ambulance service (Provider Type 80), multiple clinics at separate physical locations (Provider Type 50), and a home health service (Provider Type 58). Per the NPI Final Rule, each separate component or subpart should have its own NPI.

Following is a list of Missouri Medicaid organization health care providers. **Missouri Medicaid strongly encourages these health care organizations to obtain an NPI for each of the different physical locations, components or subparts.**

- Adult Day Health Care (Provider Type 29)
- Ambulance (Provider Type 80)
- Case Management (Provider Type 18)
- Community Mental Health Center (Provider Type 56)
- Community Psychiatric Rehabilitation (Provider Type 87)
- Comprehensive Rehab (Provider Type 76)
- C-STAR Program (Provider Type 86)
- Durable Medical Equipment Supplier (Provider Type 62)
- Federally Qualified Health Center (Provider Type 50)
- General Hospital (Provider Type 01)
- HCY Screener (Provider Type 45)
- Home Health Agency (Provider Type 58)
- Hospice (Provider Type 82)
- Independent Clinic (Provider Type 50) (Includes Dental, Optical, Physician, Podiatric, etc.)
- Independent Laboratory (Provider Type 70)
- Independent X-Ray Service (Provider Type 71)
- Mental Hospital (Provider Type 02)
- MR/DD Waiver (Provider Type 85)
- Nursing Home (Provider Type 10)
- Optician/Optical Company (Provider Type 32)
- Pharmacy (Provider Type 60)
- Planned Parenthood Clinic (Provider Type 52)
- Private Duty Nursing (Provider Type 94)
- Program of All-Inclusive Care for Elderly (PACE) (Provider Type 89)
- Public Health Department Clinic (Provider Type 51)
- Rehabilitation Center (Provider Type 57)
- Rural Health Clinic (Provider Type 59)
- State Institution (Provider Type 05)
- Targeted Case Management - MR/MI (Provider Type 15)
- Targeted Case Management - Foster Care (Provider Type 17)
- Teaching Institution (Provider Type 55)
- Teaching Institution Department (Provider Type 54)

ATYPICAL SERVICE PROVIDERS AND IDENTIFIERS

The NPI Final Rule stipulates that only entities who meet the definition of health care providers are eligible for NPIs. There are a number of providers who do not meet this definition and who are therefore not eligible for NPIs, but whose services are payable by Missouri Medicaid. In many cases, these providers submit their claims and other inquiries to Missouri Medicaid using the standard transactions, and identify themselves by the legacy provider numbers assigned to them by Missouri Medicaid. The NPI Final Rule refers to these entities as "atypical service providers" because the services they render are not "health care" services.

Based on an Atypical Service Providers White Paper released by the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process Transactions Workgroup, the following provider types may be considered atypical service providers and therefore, not eligible for NPIs.

- Aged and Disable Waiver - Homemaker/Chore, Home Delivered Meals (Provider Type 28)
- Lead Environmental Assessment (Provider Type 39)
- MC+ Health Plans (Provider Type 81)
- Non-Emergency Medical Transportation (Provider Type 65)
- Personal Care (Provider Type 26)
- Speech Therapists with only certification through the DESE for School Districts (Provider Type 46)

If the provider types listed above have obtained an NPI for use in the standard transactions, the NPI must be reported to Missouri Medicaid no later than April 1, 2007.

In instances where the providers do not obtain an NPI, Missouri Medicaid will assign a ten-digit "Atypical NPI" for use on Missouri Medicaid claims only. Written notification will be sent to the atypical providers advising of their Missouri Medicaid Atypical NPI in April, 2007. The Atypical NPI will be used to systematically build the crosswalk to their legacy provider number.

NPI REMINDER: GET IT. SHARE IT. USE IT.

Less than four months remain until the NPI compliance date - are you ready to use your NPI? A recent survey of the health care industry, conducted by the WEDI, indicates that providers should be moving from the enumeration stage into the implementation stage to ensure NPI readiness by the compliance date. Remember, it is estimated that it may take up to 120 days to complete the work needed in order to implement the NPI into your current business practices. The following steps will assist you in your preparation:

- ❖ **Enumerate:** Have you applied for your NPI(s)? Not only should individual providers (Type 1) have enumerated, but organizations and subparts (Type 2) should have enumerated also.
- ❖ **Update:** Have you received your software application updates, upgrades and/or changes relevant to NPI? Be sure that the updates not only address the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Transactions, but include the 1500 Insurance Health Care Claim, UB-04 CMS-1450, and/or ADA Dental Claim form changes.
- ❖ **Communicate:** Have you communicated your NPI(s) to your health plans and other organizations you work with? Keep in mind, as outlined in current regulation, all covered providers **must** share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes - including designation of ordering or referring physician. **To date, Missouri Medicaid has received NPIs from only 17% of their active enrolled providers.**

- ❖ **Collaborate:** Do you know the readiness of your trading partners (such as health plans, trading partner associates, clearinghouses, etc...)? It is important to work with your trading partners to know their readiness with NPI and how it impacts you.
- ❖ **Test:** Have you started testing the NPI, both internally and externally? Not only do you need to test the HIPAA Transactions such as 837 claims, if you process 835 Remittance Advices be sure to test that your system can process the NPI appropriately. Also, if you submit paper claims, be sure that you have tested the data being printed in the correct fields. While Missouri Medicaid currently allows for the submission of legacy, NPI or both legacy and NPI, we **highly encourage** submitters to bill HIPAA Transactions with **NPI only** sometime before the May 21, 2007, implementation date to ensure the use of NPI will not affect the claim payment.
- ❖ **Educate:** Have you educated your staff on what the NPI is and how to use it? It is important that staff using the NPI in day-to-day work, such as verification of eligibility, or other tasks that may need the NPI, be aware of the NPI and the provider identifiers that it replaces. The staff may have to change policies and procedures.
- ❖ **Implement:** Have you implemented the NPI into your business practices? Once testing is complete, changes will go into production. Prior to doing this, you will need to make sure your trading partners are ready to process with the NPI only.

Given all the steps above, will you and your office be ready?

- ❖ **Enumeration Advice for Incorporated Individual Provider:** Health care providers who are individuals are eligible for an Entity Type 1 (Individual) NPI. If these individuals incorporate themselves (i.e., if they form corporations) and the corporations are health care providers, the corporations are organization providers that are eligible for an Entity Type 2 (Organization) NPI. If either of these health care providers (the individual or the corporation) are covered providers (i.e., providers that send electronic transactions) under HIPAA, the NPI Final Rule requires them to obtain NPIs.
- ❖ **Reminder to Supply Legacy Identifiers on NPI Application:** The Centers for Medicare and Medicaid Services (CMS) continues to urge providers to include legacy identifiers on their NPI applications. If reporting a Medicaid legacy number, include the associated State name. If providers have already been assigned NPIs, CMS asks them to consider going back into the NPPES and updating their information with their legacy identifiers if they did not include those identifiers when they applied for NPIs.
- ❖ **NPI Enumerator Assistance:** Providers should remember that the NPI Enumerator can **only** answer/address the following types of questions/issues:
  - ➢ Status of an application
  - ➢ Forgotten/lost NPI
  - ➢ Lost NPI notification letter (i.e., for providers enumerated via paper or web-based applications)
  - ➢ Trouble accessing NPPES
  - ➢ Forgotten password/User ID
  - ➢ Need to request a paper application
  - ➢ Need clarification on information that is to be supplied in the NPI application

  Providers needing this type of assistance may contact the enumerator at 1-800-465-3203, TTY at 1-800-692-2326, or may send an E-mail request to the NPI Enumerator at CustomerService@NPIenumerator.com.

❖ **Still Confused?** Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS Web site. Providers can apply for an NPI online at https://nppes.cms.hhs.gov or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Provider Bulletins are available on the DMS Web site at http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896